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Substitute for form 1449/PTO				COMPLETE IF KNOWN		
I	NFORMATION	DIS	CLOSURE	Application Number	10/539,872	
COLUMN TO THE PROPERTY AND LICENSE				Filing Date	June 17, 2005	
STATEMENT BY APPLICANT				First Named Inventor	Nancy Hathway, et al	
				Group Art Unit	1617	
(use as many sheets as necessary)			iecessary)	Examiner Name	J. L. Karol	
Sheet	1	of	2	Attorney Docket Number	21309YP	

			U.S. PATE	NT DOCUMENTS	
Examiner nitials*	Cite No.	U.S. Patent Document Number	Kind Code (if known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY
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Examiner initials*	Cite No.	Office Number		Kind Code (if known)	Name of Patentee or Applica of Cited Document	Cited Document MM-DD-YYYY
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Examir	er		/Jody Karol/		Date Considered	03/10/2009

Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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	Substitute for form 1449/PTO			COMPLETE IF KNOWN			
	INFORMATION	N DIS	CLOSURE	Application Number	10/539 872		
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	STATEMENT BY APPLICANT			First Named Inventor	Nancy Hathway, et al		
			,	Group Art Unit	1617		
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Shee	t 2	of	2.	Attorney Docket Number	21309YP		
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	NON PATENT LITERATURE DOCUMENTS							
Examiner Initials*	Examiner Cite Include name of the author, title, date, page(s), volume-issue number(s) and place of publication.							
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Examiner Signature	/Jody Karol/	Date Considered	03/10/2009